



## ADMINISTRATOR OR DIRECTOR OF NURSING CHANGE FORM

Indiana State Department of Health-Division of Long Term Care

The Indiana State Department of Health must be notified each time that a facility has a change in administrator or director of nursing. It is recommended that the following form be completed and submitted to the Indiana State Department of Health in the event of a change.

Facility Number:		
Facility Name:		
Street Address:		
City:	State:	Zip Code:

Please Check the Appropriate Box Below to Match the Correct Position Change Type	
<input type="checkbox"/> ADMINISTRATOR (New)	
<input type="checkbox"/> DIRECTOR OF NURSING (New)	
Name:	License Number:
Date Appointed:	
Email Address:	

ADMINISTRATOR OR DIRECTOR OF NURSING (Previous)	
Name:	License Number:
Last Date in Position:	

Please fill out the form and fax a copy to the Indiana State Department of Health:

**Attn: Provider Services**  
**Fax Number: 317-233-7322**

Or mail to the following address:

**Provider Services**  
**Indiana State Department of Health**  
**Division of Long Term Care**  
**2 N. Meridian, Section 4B**  
**Indianapolis, IN 46204**

If there are any questions please contact the Indiana State Department of Health at 317-233-1324 or 317-233-7794.